

APPLICATION FOR EMPLOYMENT OF 612 – CUSTOMIZED FOR LOCALLY EMPLOYED STAFF (LES) AMERICAN EMBASSY – OUAGADOUGOU, BF					POSITION TITLE	
INSTRUCTIONS: You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.					DATE	
1. NAME IN FULL (Enter regularly used surname with other names used following in parenthesis-i.e., Spanish or other double names)					ATTACH PHOTOGRAPH TAKEN WITHIN PAST 12 MONTHS	
2. NAME AT BIRTH, IF DIFFERENT FROM ABOVE						
3. HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name and explain circumstances under item 38.						
4. PRESENT ADDRESS AND TELEPHONE NUMBER			5. DATE OF BIRTH (Month, Day, Year)			
			6. PLACE OF BIRTH (City, Country)			
7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. HEIGHT	9. WEIGHT	10. COLOR OF EYE	11. COLOR OF HAIR	13. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> REMARRIED	
12. DESCRIBE ANY SPECIAL CHARACTERISTICS OR IDENTIFYING MARKS						
14. PREVIOUS ADDRESSES DURING PAST TEN YEARS						
DATES		STREET AND NUMBER		CITY (District/Province)		COUNTRY
FROM	TO					
15. DO YOU HAVE PERMANENT U.S. RESIDENT STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO - LIST EACH COUNTRY FOR WHICH YOU HAVE BEEN A CITIZEN						
DATES		COUNTRY		HOW CITIZENSHIP WAS ACQUIRED		
16a. FULL NAME OF SPOUSE (If wife, maiden name)				b. DATE OF BIRTH		c. PLACE OF BIRTH (City, Country:
d. PRESENT ADDRESS IN FULL				e. PRESENT OCCUPATION		
f. CITIZENSHIP AT BIRTH				g. PRESENT CITIZENSHIP		
17. CHILDREN						
NAME		DATE OF BIRTH		PRESENT ADDRESS IN FULL		OCCUPATION
18a. FATHER'S NAME				b. DATE OF BIRTH		c. PLACE OF BIRTH (City, Country
d. PRESENT ADDRESS IN FULL				e. PRESENT OCCUPATION		
f. CITIZENSHIP AT BIRTH				g. PRESENT CITIZENSHIP		

19a. MOTHER'S NAME		b. DATE OF BIRTH		c. PLACE OF BIRTH (City, Country)	
d. PRESENT ADDRESS		e. PRESENT OCCUPATION			
f. CITIZENSHIP AT BIRTH		g. PRESENT CITIZENSHIP			
20. RELATIVES (Brothers, sisters and in-laws)					
NAME	RELATIONSHIP	NATIONALITY	OCCUPATION	PRESENT ADDRESS IN FULL	
21. ARE ANY RELATIVES OR FAMILY MEMBERS NAMED ABOVE EMPLOYED BY AN AGENCY OR REPRESENTATIVE OF A NATIONAL OR LOCAL GOVERNMENT? If so, list name, relationship, agency and agency address. <input type="checkbox"/> YES <input type="checkbox"/> NO 					
22. DO YOU HAVE ANY PERSONAL, BUSINESS OR PROFESSIONAL CONTACTS IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, list name, business or occupation and address					
23. TRAVEL (If you have ever traveled in any other countries give the dates, duration and purpose of such travel. If travel was in the United States, supply under item 35 additional data, including type of visa, place and date of issuance, date and port of arrival in the United States, places of residence in the United States and the date and port of departure from the United States.)					
COUNTRY	DATES		PURPOSE		
	FROM	TO			
24. MEMBERSHIPS, SOCIETIES, ASSOCIATIONS, CLUBS AND OTHER ORGANIZATIONS OF WHICH YOU ARE NOW OR HAVE BEEN A MEMBER, EXCEPT RELIGIOUS OR POLITICAL AFFILIATIONS					
<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>OFFICE HELD</u>
25. MILITARY SERVICE (Outline military service past or present, giving country of service, branch of service, unit or organization, specialty, highest rank held, dates of service, present rank, and date and type of discharge.)					
26. LIST ANY TITLES, ORDERS OR DECORATIONS BESTOWED UPON YOU					
TITLES, ORDERS OR DECORATIONS					DATE BESTOWED

27. EDUCATION												
NAMES AND LOCATIONS OF EDUCATIONAL INSTITUTIONS ATTENDED	DATES		DEGREES	MAJOR SUBJECTS								
	FROM	TO										

28. LANGUAGES (Name and indicate the extent of your competence)												
LANGUAGE	SPEAK			READ			WRITE			UNDERSTAND		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

29. REFERENCES. LIST THREE COMPETENT AND RESPONSIBLE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE WHO ARE QUALIFIED TO SUPPLY DEFINITE INFORMATION REGARDING YOUR CHARACTER AND ABILITY. (Do not give names of supervisors listed in item 30.)		
NAME	ADDRESS IN FULL	OCCUPATION

30. EMPLOYMENT. (In the space provided below describe every position which you have held since you first began to work. Start with Present Position and work back to the first position which you held. Account for all periods of unemployment and state reasons for any unemployment indicated. If not enough space use Continuation Sheet.)		
IF CURRENTLY EMPLOYED MAY WE APPROACH YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A. DATES OF EMPLOYMENT (Month, Year) NAME AND FULL ADDRESS OF EMPLOYER NAME AND TITLE OF IMMEDIATE SUPERVISOR REASON FOR WANTING TO LEAVE	EXACT TITLE OF YOUR POSITION DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS	SALARY OR EARNINGS STARTING PER YR. FINAL PER YR.
B. DATES OF EMPLOYMENT (Month, Year) NAME AND FULL ADDRESS OF EMPLOYER NAME AND TITLE OF IMMEDIATE SUPERVISOR REASON FOR WANTING TO LEAVE	EXACT TITLE OF YOUR POSITION DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS	SALARY OR EARNINGS STARTING PER YR. FINAL PER YR.
C. DATES OF EMPLOYMENT (Month, Year) NAME AND FULL ADDRESS OF EMPLOYER NAME AND TITLE OF IMMEDIATE SUPERVISOR REASON FOR WANTING TO LEAVE	EXACT TITLE OF YOUR POSITION DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS	SALARY OR EARNINGS STARTING PER YR. FINAL PER YR.
D. DATES OF EMPLOYMENT (Month, Year) NAME AND FULL ADDRESS OF EMPLOYER NAME AND TITLE OF IMMEDIATE SUPERVISOR REASON FOR WANTING TO LEAVE	EXACT TITLE OF YOUR POSITION DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS	SALARY OR EARNINGS STARTING PER YR. FINAL PER YR.

31. OTHER QUALIFICATIONS AND SKILLS. Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.)	Approximate Number of Words per Minute in: TYPING _____ SHORTHAND _____	
ANSWER ITEMS 32 THROUGH 36 BY PLACING AN "X" IN THE PROPER COLUMN		
32. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM A POSITION? IF ANSWER IS "YES" GIVE DETAILS UNDER ITEM 35.	YES	NO
33 a. HAVE YOU NOW OR HAVE YOU EVER HAD ANY PHYSICAL LIMITATIONS?.....		
b. ARE YOU NOW UNDER A PHYSICIAN'S CARE AND IF SO, FOR WHAT REASON?.....		
c. HAVE YOU EVER HAD A NERVOUS DISORDER?.....		
d. HAVE YOU EVER HAD TUBERCULOSIS?.....		
e. WITHIN THE PAST 12 MONTHS, HAVE YOU USED INTOXICATING BEVERAGES TO EXCESS?.....		
f. DO YOU HAVE A DRUG OR NARCOTIC ADDICTION?.....		
g. WERE YOU EVER MEDICALLY DISCHARGED FROM THE ARMED FORCES?.....		
IF ANY OF YOUR ANSWERS TO ANY OF THE ABOVE IS "YES", GIVE PARTICULARS UNDER ITEM 35.		
34. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY POLICE OR MILITARY AUTHORITY?..... IF SO, NAME THE AUTHORITY, GIVE TIME, PLACE, REASON AND THE DISPOSITION OF COURT ACTION.		
35. USE THIS SPACE FOR DETAILED ANSWERS. NUMBER ANSWERS TO CORRESPOND WITH QUESTIONS. ADD ANY INFORMATION NOT COVERED ABOVE WHICH MIGHT AFFECT YOUR EMPLOYMENT. USE EXTRA BLANK PAGES, IF NECESSARY.		
APPLICANT CERTIFICATION		
<p>I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.</p>		
SIGNATURE _____ DATE SIGNED _____		